

BEST AVAILABLE COPY

CLAIMS ONLY								Application Number 10-686337		Filing Date			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1								51					
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46								96					
47								97					
48								98					
49								99					
50								100					
Total Indep		2						Total Indep					
Total Depend		20						Total Depend					
Total Claims	22							Total Claims					